

CERVICAL CANCER SCREENING

GPRA Measure

- Numerator: Number of females between 21-64 years of age with a pap smear documented within the past 3 years
- Denominator: Female Active clinical patients ages 21-64 without documented history of Hysterectomy

WHO IS MAKING THE RECOMMENDATIONS?

- 1. American Cancer Society (ACS)
- 2. American College of Obstetricians and Gynecologists (ACOG)
- 3. United States Preventive Services Task force (USPSTF)

DO THEY ALWAYS AGREE?

Not always but close

WHEN TO START PAPS?

- Within 3 years of the onset of sexual activity or age 21 whichever comes first.
- All three agree

INTERVALS FOR FOLLOW UP SCREENING FOR SLIDE PAP?

ACS: Annually for women < 30 years; Every 2-3 years for women > 30 with 3 negative cytology tests

ACOG: Same

USPSTF: At least every 3 years

IF LIQUID BASED CYTOLOGY IS USED?

- ACS: Every 2 years; every 2-3 years for women >30 with 3 negative cytology tests
- ACOG: Annually; every 2-3 years for women >30 with 3 negative cytology tests
- USPSTF: insufficient evidence

FREQUENCY OF PAP TESTING IF HPV TESTING USED?

- ACS: Every 3 years if HPV negative, cytology negative
- ACOG: Every 3 years if HPV negative, cytology negative
- USPSTF: Insufficient evidence

WHEN TO STOP?

- ACS: Women >70 years with 3 recent consecutive negative tests and no abnormal tests in the prior 10 years
- ACOG: Inconclusive evidence to establish upper age limit
- USPSTF: Women >65 years with negative tests, who are not otherwise at high risk for cervical cancer

POST TOTAL HYSTERECTOMY?

- ACS: Discontinue if for benign reasons and no prior history of high-grade CIN
- ACOG: Same
- USPSTS: Discontinue if for benign reasons

MANAGEMENT OF ABNORMAL SCREENING TESTS

- Recommend that all Pap smears and biopsy results are reviewed by one key person to ensure consistency of treatment and follow-up
- This person could be the same staff member that maintains the Women's Health Registry and ensures follow-up of women with a history of abnormal paps and biopsies

MANAGEMENT OF ABNORMAL SCREENING TESTS

- All recommendations are based on 2006 consensus guidelines for the management of women with abnormal cervical cancer screening tests (www.AJOG.org, American Journal of Obstetrics and Gynecology Oct. 2007)
- Algorithms for management of abnormal pap smears are available from American Society for Colposcopy and Cervical Pathology (ASCCP) and Oct. 2007 issue of Journal of lower Genital Tract Disease. These provide a step by step guide to follow abnormal paps.

Categories of abnormalities and special populations

- Special populations to consider in terms of screening and treatment
 - a. Adolescent women
 - b. Immunosuppressed and postmenopausal women
 - c. Pregnant women

Categories of Abnormalities which require specific algorithms

- 1. Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US)
- 2. Management of Adolescent Women with either (ASC-US) or Low-grade Squamous Intraepithelial Lesion (LSIL)
- 3. Management of Women with Atypical Squamous Cells: Cannot Exclude High-grade SIL (ASC-H)

- 4. Management of Women with Low-grade Squamous Intraepithelial Lesion (LSIL)
- 5. Management of Pregnant Women with Low-grade Squamous Intraepithelial Lesion (LSIL)
- 6. Management of Women with High-grade Squamous Intraepithelial Lesion (HSIL)

- 7. Management of Adolescent Women (20 Years and Younger) with High-grade Squamous Intraepithelial Lesion (HSIL)
- 8. Initial Workup of Women with Atypical Glandular Cells (AGC)
- 9. Subsequent Management of Women with Atypical Glandular Cells (AGC)
- 10. Use of HPV DNA Testing as and “Adjunct to Cytology for Cervical Cancer Screening in Women 30 Years and Older